

2320

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician, Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>123</u>	
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>141</u>	
Town of _____		Local Registrar's No. _____	
or _____			
City of <u>Globe</u>	(No. _____ St. _____ Ward _____)		
FULL NAME OF CHILD <u>Inez Rivera</u>		Born _____	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive _____	NO
Sex of Child <u>Female</u>	Twin, Triplet or other <u>-</u>	and _____	Number in order of birth <u>1</u>
		Legitimate? <u>Yes</u>	Date of Birth <u>May 7</u> 191 <u>4</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Helmino Rivera</u>	Full Maiden Name <u>Rose C. Boreamonte</u>		
Residence <u>Globe</u>	Residence <u>Globe</u>		
Color or Race <u>Mexican</u>	Color or Race <u>Mexican</u>		
Age at last Birthday <u>28</u>	Age at last Birthday <u>24</u>		
(Years)	(Years)		
Birthplace <u>Mexico</u>	Birthplace <u>Arizona</u>		
Occupation <u>La borer</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>6</u>	Number of children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>May 7</u> , 191 <u>4</u> , at <u>2:10 P.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Dent. Schnell</u>	
Given or christian name added from a _____		(Attending physician, midwife, householder. *)	
supplemental report _____ 191_____		Address <u>Globe</u>	
991-507-925		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		A True Copy <u>B. J. Fox</u>	
Filed <u>May 10</u> 191 <u>4</u>		COUNTY REGISTRAR.	